## Filing Date **CLAIMS ONLY** Applicant(s) \* May be used for additional claims or amendments AFTER SECOND AMENDMENT Indep Depend AFTER FIRST AMENDMENT Indep Depend AS FILED Indep Depend indep Depend Indep Depend Indep Depend 52 53 54 55 60 13 65 18 72 23 24 75 76 77 78 26 30 .31 87 92 -41 97 47. 48 Total Total Indep Total Indep Depend Depend Total Claims Total Claims